

B5 (Official Form 5) (12/07)

## FORM 5. INVOLUNTARY PETITION

<b>United States Bankruptcy Court</b> <b>Southern District of Texas McAllen Division</b>		<b>INVOLUNTARY PETITION</b>
IN RE (Name of Debtor - If Individual: Last, First, Middle)  <b>The District at McAllen, L.P.</b>		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Social-Security or other Individual's Tax-ID No./Complete EIN (If more than one, state all.)		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)  <b>3400 North McColl Rd. McAllen, TX 78501</b>		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS  <b>Hidalgo</b>		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED  <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11		
<b>INFORMATION REGARDING DEBTOR</b> (Check applicable boxes)		
<b>Nature of Debts</b> (Check one box)  Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<b>Type of Debtor</b> (Form of Organization)  <input type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  _____	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input checked="" type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other
<b>VENUE</b>		<b>FILING FEE</b> (Check one box)
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>
<b>PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR</b> (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
<b>ALLEGATIONS</b> (Check applicable boxes)		COURT USE ONLY
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or 3.b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		

B5 (Official Form 5) (12/07) - Page 2

Name of Debtor The District at McAllen, L.P.

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X/s/ Dr. Ernesto Ramirez

Signature of Petitioner or Representative (State title)

Dr. Ernesto RamirezDecember 2, 2014

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

**Dr. Ernesto Ramirez**  
**PO Box 720298**  
**McAllen, TX 78504**

X/s/ Nathaniel Peter Holzer

Signature of Attorney

December 2, 2014

Date

**Nathaniel Peter Holzer**

Name of Attorney Firm (If any)

**Jordan Hyden Womble & Culbreth, P.C.**  
**500 N. Shoreline Blvd., Suite 900**  
**Corpus Christi, TX 78401**

Address

Telephone No. 361-884-5678X

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No. \_\_\_\_\_

X

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No. \_\_\_\_\_

**PETITIONING CREDITORS**

Name and Address of Petitioner <b>Dr. Ernesto Ramirez</b> <b>PO Box 720298</b> <b>McAllen, TX 78504</b>	Nature of Claim <b>Indemnity for City Bank's Claim on Guaranty</b>	Amount of Claim <b>5,332,401.81</b>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <b>5,332,401.81</b>

0 continuation sheets attached